

I need proper prosecutor for me and for my family B.U.

**UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY**

Barbara Serowick-Urbas and her family (^{Now} 4 disabled).

174 Polifly Rd, F-7

Hackensack N.J. 07601

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

9 Workers Compensation,

5 Car's Injury

Medical Malpractice,

Mal-Legal,

Mal - Justical practice

Mal - MD practice.

Mal - Security practice

Mal - Social Workers

Mal - others that was

listed in Law suits.

with felony and Sweepstakes Publisher's Lottery's,

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

and Fraud, Harassment, Gross Negligence, Stolen,

COMPLAINT

Jury Trial: ☒ Yes ☐ No

(check one)

I. Parties in this complaint:

A. List your name, address and telephone number. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

| | | |
|-----------|------------------|----------------------------|
| Plaintiff | Name | Barbara Urbas |
| | Street Address | 174 Polifly Rd, F-7 |
| | County, City | Bergen County - Hackensack |
| | State & Zip Code | N.J. 07601 |
| | Telephone Number | (201) 814-8027 cell |

f NA-other

Nursing with other

- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary. - Many people ↓ listed

Defendant No. 1 Name B. Filipczak MD
 Street Address _____
 County, City _____
 State & Zip Code _____

Defendant No. 2 Name A. Palmeri MD.
 Street Address _____
 County, City _____
 State & Zip Code _____

Defendant No. 3 Name R. Petyn MD.
 Street Address _____
 County, City _____
 State & Zip Code _____

Defendant No. 4 Name John Vassile MD
 Street Address _____
 County, City _____
 State & Zip Code _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. There are four types of cases that can be heard in federal court: 1) Federal Question - Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case; 2) Diversity of Citizenship - Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case; 3) U.S. Government Plaintiff; and 4) U.S. Government Defendant.

- A. What is the basis for federal court jurisdiction? (check all that apply)

☐ Federal Questions

☐ Diversity of Citizenship

☐ U.S. Government Plaintiff

☒ U.S. Government Defendant and Presidents
 Inside court house

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? I need to be pay for everything;

Injury's, disability, lost money, liability, lost home. All injured and disabled. My family need to be pay.
Stop harassment! -2-

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship Barbara Urbas - New Jersey - Citizen 4/16/2009

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? 9/22/81 at work Prudential Insurance Peter, Wayne - ↑ Lawyer - H. Ballen - \$2.9M

B. What date and approximate time did the events giving rise to your claim(s) occur? 9/22/81 at work

My Left foot was injured on 3/30/81 and reinjured on 9/22/81 at work - Electro-Scan Inc Garfield NJ 07026.

C. Facts: I was injured many times. I went to

the doctors for treatment. I was injured under medical treatment and developed pathology in my body many places. My L-foot was malignant and infection not treated right and I developed ill. Under test like EEG with poloid needle I got hurt.

The poloid needle wasn't sterilized after meningitis in full.

(1) Doctor Filipczak (2) Doctor Vasilie (3) Doctor Palmer - bladder cut it under C-Section (4) Doctor R. Petyn - Harassment (5) Brenda Sawicki harassment (6) Lawyer G. Szymczak - harassment return the file from another lawyer (7) E. Chmura - negligence (8) A. Kaminiski - Lawyer - prosecutor find some money, but give away other people. I did not receive any.

(9) P. Lynch and M. Lynch - settlement not receive til now (10) P. Sullivan - settlement - not receive any money til now. (11) Judge Austin - disengage law suits and everything went wrong. My husband and his insurance were paying fraud til now.

I was also drug abuse and molesting in life including my whole family. The employers never pay input money to state or social security from 1981-2017. When I worked I was pay 1/3 of money, when I beg could not work nothing, no money I receive, no insurance were paying, nothing til now, but stolen some, some in gross negligence - not pay til 12/2017.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. _____

- 9 worker's compensation
- 5 car injuries
- medical malpractice
- mal legal
- mal judge's
- mal MD
- mal - security
- mal - social service 151-60-6315 / 152-62-3884
- mal - social security - stolen SSI (I receive one check 2013) - one woman
- Won money stolen Publishers, sweepstake Lotteries - not pay yet
- Relief: \$5,000/week/2008 - 2008 and 2009 settlement not pay yet \$5,000 2009 not pay - All money stolen and give away to other people BK.

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

I Barbara Urbas seeking permanent compensation, liability money lost with % in bank and suffering, dying in life. I need to be pay for treatment. I lost home and my family need to be pay also.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 13 day of December, 20 17.

Signature of Plaintiff Barbara Urbas
Mailing Address 174 Poley Rd, E-7
Hackensack N.J
07601
Telephone Number (201) 471-8372
Fax Number (if you have one) _____
E-mail Address _____

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint.

Signature of Plaintiff: Barbara Urbas